THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/692,675

Title:

ADJUSTABLE BED CARRIAGE

Inventors:

Brian Freeborn and Ted House

Applicant:

M.C. Healthcare Products Inc.

Filing Date:

October 27, 2003

Group Art Unit: Customer No.:

3673 34236

Our File No.:

K8000250US

# **STATEMENT** CFR 1.48(a)(2)

I, Geoff Rutherford, am an inventor in the invention entitled ADJUSTABLE BED CARRIAGE, which is the subject of patent application No. 10/692,675, filed on October 27, 2003. However, at the time of filing, I was not named as an inventor.

I hereby state that the error in inventorship occurred without deceptive intention on my part.

Dated: Lipt 08, 2004

WAT\_LAW\ 141450\1

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/692,675

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# CONSENT

CFR 1.48(a)(5)

The undersigned, M.C. Healthcare Products Inc., hereby acknowledges that an assignment of the above patent application was signed by the inventors, Brian Freeborn and Ted House, and filed with the United States Patent & Trademark Office on March 15, 2004. The undersigned acknowledges and hereby consents to the addition of Geoff Rutherford as an inventor in the said invention entitled ADJUSTABLE BED CARRIAGE, which is the subject of patent application No. 10/692,675, filed on October 27, 2003.

Dated at Beamsville, Ontario, this

8th

day of September, 2004.

M.C. HEALTHCARE PRODUCTS INC.

Name:

Title:

Product Design Engineer-

WAT\_LAW\141447\1



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



# REQUEST TO ADD INVENTOR

Application No.:

10/692,675

Title:

ADJUSTABLE BED CARRIAGE

Inventors:

Brian Freeborn and Ted House

Applicant:

M.C. Healthcare Products Inc.

Filing Date:

October 27, 2003

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3673

Customer no..

34236

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K8000250US

Commissioner of Patents
U.S. Patent and Trademark Office
Crystal Plaza 2, Lobby Level
Room 1B03 - Mailroom
220 20<sup>th</sup> South Street
ARLINGTON, Virginia 22202
U.S.A.

### Dear Commissioner:

The Applicant acknowledges that Brian Freeborn and Ted House were named as the only inventors in the above-noted application at the time of filing. However, another inventor, Geoff Rutherford, should also have been named in the application. The Applicant therefore respectfully requests that Geoff Rutherford be added as a co-inventor in this application.

Attached are the following documents in support of our request:

- 1. Statement signed by Geoff Rutherford;
- 2. Written Consent of M.C. Healthcare Products Inc.;
- 3. Oath and Declaration, signed by each inventor; and

09/29/2004 MBERHE

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1 FC:1051 130.00 DA

ATE: 09/29/2004 BBERHE

130.00 CR

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# 4. Application Data Sheet.

Please charge our Deposit Account No. 501613 in the amount of \$130.00 to cover the prescribed fee. The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Deposit Account No. 501613.

Respectfully submitted,

# M.C. HEALTHCARE PRODUCTS INC.

Per:

Valentine A. Cottrill

V. lottnis

Agent for the Applicant

Reg. No. 50,187

Date:

September <u>22</u>, 2004

Address:

50 Queen Street North, Suite 1020

Kitchener, Ontario N2H 6M2

Phone:

(519) 575-7509

Fax:

(519) 571-5009

WAT\_LAW\ 141452\1

Docket No. K8000250US

# Declaration and Declaration and Declaration

	English Lan	guage Declaration	
As a below named inver	ntor, I hereby declare t	hat:	
My residence, post office	e address and citizens	hip are as stated below next to m	y name,
<u> </u>	plural names are liste	or (if only one name is listed belowed below) of the subject matter whed	•
ADJUSTABLE BED CARR	RIAGE		
the specification of which	h		
(check one)			
<ul> <li>☐ is attached hereto.</li> <li>☑ was filed on October</li> <li>Application Number</li> <li>and was amended o</li> </ul>	10/692,675	as United States Application No.	or PCT International
and was amended o		(if applicable)	
•		stand the contents of the above indment referred to above.	dentified specification,
1.56, including for con-	tinuation-in-part applic of the prior application	which is material to patentability cations, material information wh and the national or PCT interna	ich became available
application(s) for patent application which desig below and have also	, or plant breeder's ri nated at least one co identified below, by o der's rights certificate(	35 U.S.C. 119(a)-(d) or (f), or ights certificate(s), or 365(a) of sountry other than the United Stachecking the box, any foreign as, or any PCT international appority is claimed.	any PCT International tes of America, listed application for patent,
Prior Foreign Application	n(s)		Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	J
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	

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(Number)	(Country)	(Day/Month/Year Filed)	<b>_</b>
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under application(s) listed below:	r 35 U.S.C. Section 119(e)	of any United States provisional
60/421,077	October 25, 2002	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
365(c) of any PCT International app the subject matter of each of the cla PCT International application in the I acknowledge the duty to disclose known to me to be material to pa	olication designating the United tims of this application is not d manner provided by the first p to the United States Patent a atentability as defined in Tit	nited States application(s), or Section d States, listed below and, insofar as lisclosed in the prior United States or paragraph of 35 U.S.C. Section 112, and Trademark Office all information tle 37, C. F. R., Section 1.56 which and the national or PCT International
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Customer No. 34236

Send Correspondence to:

Valentine A. Cottrill

Gowling Lafleur Henderson LLP 50 Queen Street N., Suite 1020

Kitchener, Ontario, N2H 6M2 Canada

Direct Telephone Calls to: (name and telephone number)

Valentine A. Cottrill, 519-575-7509

Full name of sole or first inventor

**Brian FREEBORN** 

Sole or first inventor's signature

Residence

Mississauga, Ontario, Canada

Citizenship

Canadian

Post Office Address

3374 Martins Pine Crescent

Mississauga, Ontario, L5L 1G4

Full name of second inventor, if any

**Ted HOUSE** 

Second inventor's signature

Residence

Grimsby, Ontario, Canada

Citizenship

Canadian

Post Office Address

21 Oak Street

Grimsby, Ontario, L3M 3G4

Geoff RUTHERFORD hird inventor's signature	Date
If I wanter	Sept 08/04
esidence Iilton, Ontario, Canada	
tizenship anadian	
ost Office Address 22 McNabb Crescent	
lilton, Ontario, Canada, L9T 3G2	
ıll name of fourth inventor, if any	
ourth inventor's signature	Date
esidence	
tizenship	
ost Office Address	
all name of fifth inventor, if any	
	Date
fth inventor's signature	Date
ifth inventor's signature	Date
ull name of fifth inventor, if any ifth inventor's signature esidence itizenship ost Office Address	Date .
fth inventor's signature esidence itizenship	Date
fth inventor's signature esidence tizenship	Date
fth inventor's signature esidence tizenship	Date
fth inventor's signature esidence tizenship ost Office Address  ull name of sixth inventor, if any	Date
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# **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 3673

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: ADJUSTABLE BED CARRIAGE

Attorney Docket Number:: K8000250US

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawings Sheets:: 26

Small Entity?:: Yes

Petition included?:: No

### **APPLICANT INFORMATION**

State or Province::

Postal or Zip Code::

Country::

**Inventor Authority Type::** Inventor Primary Citizenship Country:: Canada Status:: **Full Capacity** Given Name:: Brian Freeborn Family Name:: City of Residence:: Mississauga Province of Residence:: ON Country of Residence:: Canada 3374 Martins Pine Crescent Street:: City:: Mississauga State or Province:: ON Country:: Canada Postal or Zip Code:: L5L 1G4 Inventor Authority Type:: Inventor Primary Citizenship Country:: Canada **Full Capacity** Status:: Given Name:: Ted Family Name:: House City of Residence:: Grimsby Province of Residence:: ON Country of Residence:: Canada 21 Oak Street Street:: Grimsby City::

ON

Canada

L3M 3G4

Inventor Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Geoff

Family Name:: Rutherford

City of Residence:: Milton

Province of Residence:: ON

Country of Residence:: Canada

Street:: 322 McNabb Crescent

City:: Milton

State or Province:: ON

Country:: Canada

Postal or Zip Code:: L9T 3G2

# **CORRESPONDENCE INFORMATION**

Correspondence Customer

Number: 34236

Phone Number:: 519-575-7509

Fax Number:: 519-571-5009

E-Mail Address:: val.cottrill@gowlings.com

### REPRESENTATIVE INFORMATION

Representative Customer

34236

Number:

# DOMESTIC PRIORITY INFORMATION

Application:: **Continuity Type::**  Parent Application::

**Parent Filing** 

Date::

This Application Non-Provisional of

60/421,077

10/25/2002

### **ASSIGNEE INFORMATION**

Assignee Name::

M.C. Healthcare Products Inc.

Street::

4658 Ontario Street

City::

Beamsville

State or Province::

Ontario

Country::

Canada

Postal or Zip Code::

L0R 1B4